North Carolina State Board of Certified Public Accountant Examiners

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RECORD OF COMPLAINT

Please answer all questions as completely as possible.

COMPLAINANT (your name):	
Address:	
	Fax:
	Fax:
RESPONDENT (licensee/CPA firm):	
CPA Firm Name & Address:	
Home Address (if known):	
Phone Number (H):	(W):

Summary of Complaint, continued:	

WITNESSES THAT CAN PROVIDE TESTIMONY SUPPORTING YOUR COMPLAINT (Please include addresses and phone numbers.) Name: Address: _____ Daytime Phone Number: Name: _____ Address: _____ Daytime Phone Number: _____ Name: ____ Address: Daytime Phone Number: **EVIDENCE IN SUPPORT OF YOUR COMPLAINT** Please attach copies of invoices, reports, tax returns, financial statements, correspondence, contracts, agreements, or any documents in support of your complaint. VERIFICATION I affirm that the facts presented in the foregoing statement are true to the best of my knowledge and belief. Signature: _____ Date: _____ _____ State _____ County Sworn to (or affirmed) and subscribed before me this day by [I have personal knowledge of the identity of the principal(s)] [I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a ______ [a credible witness has sworn to the identity of the principal(s) _____ Notary Public Signature **INK NOTARIAL SEAL*** Notary Public Printed Name

My Commission Expires

Date

^{*}ATTENTION NOTARY: NCGS 10B-24(a) states, "Near the notary's official signature on the notarial certificate of a paper record, the notary shall place a sharp, legible, permanent, and photographically reproducible image of the official seal."